

CRHP LEADERSHIP COUNCIL NOMINATION FORM

NOMINATOR'S INFORMATION

I, (please PRINT) _____, a member in good standing of the CRHP and _____ (**Member's Professional Association**), do hereby

NOMINATE the following person for election to the CRHP Leadership Council:

NAME (please PRINT)	ADDRESS	ASSOCIATION REGISTRATION #
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I have obtained the permission of the foregoing nominee to submit his/her name for the election; s/he has consented to serve for **three (3) years** if elected.

Signed this _____ Day of _____, 20__.

**NOMINATOR'S
SIGNATURE:**

ASSOCIATION REGISTRATION #

NOMINATED MEMBER'S INFORMATION/NOMINATION ACCEPTANCE

I, _____, a member in good standing of the CRHP and _____ (**Member's Professional Association**), do hereby

Accept the Nomination for election to the CRHP Leadership Council; and, if elected,

- I consent to serve in that capacity for a minimum **three (3) year term**.
- I am able to attend 6-8 teleconference calls and 1 face-to-face meeting per year (travel costs covered by CRHP)
- There are **no Conflicts of Interest** that would restrict my nomination to this position.
- I understand that, if elected, my role within the CRHP Leadership Council will be decided at the next CRHP Leadership Council meeting.

Signed this _____ Day of _____, 200__.

SIGNATURE:
